

Stephen H. Means, O.D. & Associates
109 Medical Park Lane
Huntsville, Tx 77340
(936) 291-8282

I acknowledge that I have been offered and/or have received a copy of Stephen H. Means, O.D. & Associates' HIPAA Notice of privacy practices.

As stated in the **Notice of Privacy Practices** there may be times when my information will be shared for TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

In addition to this, I would like to authorize Stephen H. Means, O.D. & Associates to speak with the following people regarding my protected information.

_____ Name	_____ Relationship	_____ Phone number
_____ Name	_____ Relationship	_____ Phone number
_____ Name	_____ Relationship	_____ Phone number

_____ Patient name (please print)	_____ Patient signature Or _____ Signature of personal representative	_____ Date
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Authority of personal representative to sign for patient (check one)

Parent Guardian Power of attorney Other: _____

****Please note:** By signing you are attesting you have legal authority to make medical decisions for this patient/minor. If you cannot attest to this, it is recommended we **do not** provide care to this patient/minor.

*****It is your right to refuse to sign this acknowledgement*****

*****It is also our right to refuse services*****

Office use only

Attempts were made to obtain written acknowledgement by the individual noted above of receipt of the **Notice of Privacy Practices**, but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgement.
- A communication barrier prevented us from obtaining acknowledgement
- The patient/representative was unwilling to sign.
- Other: _____

Staff member signature

Date